

APPLICATION NO		PS-FORM A-EMERGENCY										BUILDING PERMIT NO	
		EMERGENCY BUILDING PERMIT APPLICATION COUNTY OF MAUI DEVELOPMENT SERVICES ADMINISTRATION 110 ALA'IHI STREET, SUITE 214, KAHULUI, HAWAII 96732 (808) 270-7250											
DATE RECEIVED												ISSUED DATE	
APPLICANT: COMPLETE AREA BELOW (ONE APPLICATION PER STRUCTURE)													
NOW OCCUPIED AS				TO BE OCCUPIED AS				NATURE OF WORK (CHECK ALL THAT APPLY)					
								NEW BUILDING		SHELL ONLY		DEMOLITION	
ESTIMATED MARKET VALUE OF WORK \$								ADDITION		FOUNDATION		TEMPORARY	
IBC OCCUPANCY GROUP (OPTIONAL)				IBC TYPE OF CONSTRUCTION (OPTIONAL)				ALTERATION		SWIMMING POOL		OTHER Description	
ZONING (OPTIONAL)				FLOOD ZONE (OPTIONAL)		SMA		REPAIR		FENCE/RET. WALL			
TMK	COUNTY (2)	ZONE	SEC	PLAT	PAR	LOT/CPR	DESCRIPTION OF USE AND WORK TO BE DONE						
PROJECT NAME (NAME ON PLANS)													
ADDRESS (HOUSE NO. STREET, SUITE NO.)													
ADDRESS (CITY & ZIP CODE)													
							NUMBER OF EXISTING DWELLING UNITS		NUMBER OF NEW DWELLING UNITS				
OWNER NAME							DISTANCE TO PROPERTY LINES & BLDGS						
MAILING ADDRESS							FRONT	REAR	LEFT	RIGHT	NEAREST BLDG		
EMAIL ADDRESS PHONE NO.													
LESSEE NAME <small>COMPLETE PS-FORM B IF APPLICANT IS NOT THE OWNER</small>							WASTEWATER SERVICE <small>(CHECK ONE)</small>			WATER SERVICE <small>(CHECK ONE)</small>			
MAILING ADDRESS							COUNTY SEWER			COUNTY WATER			
LESSEE EMAIL ADDRESS PHONE NO.							PRIVATE SEWER SEPTIC / CESSPOOL			PRIVATE WATER			
APPLICANT COMPLETE IF NOT OWNER (PRINT NAME)							<small>ALSO COMPLETE PS-FORMS C & E</small> ARCHITECT OR ENGINEER LICENSE NO.						
MAILING ADDRESS (HOUSE NO. STREET, SUITE NO.)							EMAIL ADDRESS PHONE NO.						
MAILING ADDRESS (CITY & ZIP CODE)							<small>ALSO COMPLETE PS-FORM D FOR BUILDING CONTRACTOR OR OWNER BUILDER</small> CONTRACTOR (COMPANY) LICENSE NO.						
EMAIL ADDRESS PHONE NO.							EMAIL ADDRESS PHONE NO.						
<small>COMPLETE PS-FORM B IF THE APPLICANT IS NOT THE OWNER OR TO DESIGNATE AN AGENT</small> OWNER OR APPLICANT SIGNATURE DATE							RME OR AUTHORIZED PERSONNEL (PRINT NAME)						
DISASTER OR CIVIL DEFENSE EMERGENCY:											PS-Form A-EMERGENCY Rev 07/21		
											APPLICATION NO.		

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Project Name

Application Number

OWNER ACKNOWLEDGMENT:

- All other State and County agencies that regulate repair or reconstruction of structures shall be responsible for enforcing their regulations independently upon issuance of the building permit.
- All required building, plumbing and electrical inspections shall be conducted.
- Any deferred fees shall be paid prior to final building inspection.
- Permits issued under this section shall not be interpreted to be an approval of any violation of federal, state, or county statutes, ordinances, or rules. The issuance of a permit shall not relieve the applicant and the property owner from complying with any applicable statutes, ordinances, or rules. Structures or portions thereof that were illegally erected or constructed shall not be repaired under this section.
- Anyone submitting false information for the purpose of obtaining a permit shall be served with a notice of violation and order and subject to administrative fines. The issued permit shall become void on the day the violation notice is served and all work authorized by the invalidated permit shall cease immediately.
- Repair of any nonconforming structure shall be subject to the provisions of MCC §19.500.110.
- Other permits or approvals may be required to do the work proposed, and it is the responsibility of the owner and permittee to obtain all appropriate permits and approvals prior to the start of work.

Signature of Owner_____
Date**CHECK IF APPLICABLE:**☐ **ELECTRICAL WORK TO BE DONE**_____
Electrical Contractor License Name_____
Electrical Contractor License Number_____
Signature of Licensee or Responsible Managing Employee_____
Date_____
Printed Name_____
E-mail or Phone Number_____
Signature of Licensed Electrician_____
Date_____
Printed Name_____
Electrician License Number☐ **PLUMBING WORK TO BE DONE**_____
Plumbing Contractor License Name_____
Plumbing Contractor License Number_____
Signature of Licensee or Responsible Managing Employee_____
Date_____
Printed Name_____
E-mail or Phone Number_____
Signature of Licensed Plumber_____
Date_____
Printed Name_____
Plumber License Number

PS-FORM B

**OWNER'S AUTHORIZATION
TO APPLY FOR AND OBTAIN A BUILDING PERMIT**

Project Name:	County Use Only
	APPLICATION NO.
Project Address:	DATE/COMMENT
Tax Map Key: (2)	

Complete this form if:

- 1. The building permit applicant is not the property owner.**
- 2. The property owner authorizes the lessee, agent, and/or contact to act on their behalf.**

- **Complete Section A**
- **Owner shall complete Section B**
- **If owner is a corporation, partnership, LLC, governmental agency, or other entity responsible person shall complete Section C**

A	LESSEE/AGENT/CONTACT (<i>PRINT NAME</i>)	PHONE NO.
	ADDRESS (<i>INCLUDE ZIP CODE</i>)	EMAIL
	LESSEE/AGENT/CONTACT (<i>PRINT NAME</i>)	PHONE NO.
	ADDRESS (<i>INCLUDE ZIP CODE</i>)	EMAIL
B	I authorize the following person(s) listed in Part A to act and sign on my behalf in obtaining a building permit(s) on the subject property.	
	OWNER (<i>PRINT NAME</i>)	OWNER SIGNATURE
		DATE (mm/dd/yy)
C	I authorize the following person(s) listed in Part A to act and sign on my behalf in obtaining a building permit(s) on the subject property.	
	CORPORATION, PARTNERSHIP, LLC, GOV'T AGENCY, OTHER ENTITY	
	NAME OF OFFICER & TITLE (<i>PRINT</i>)	SIGNATURE
		DATE (mm/dd/yy)
	I certify I am authorized to act on behalf of the corporation, partnership, LLC, governmental agency.	

PS-FORM C

**DESIGN PROFESSIONAL
AUTHORIZATION TO SUBMIT DOCUMENTS
FOR A BUILDING PERMIT**

Project Name:	County Use Only
	APPLICATION NO.
Property Owner:	DATE/COMMENT

Tax Map Key: (2)	-----

I authorize the use of documents prepared by me to be submitted for building permit purposes.

My current Hawaii professional license will expire on:

DATE (mm/dd/yy)

EMAIL

PHONE NO.

DESIGN PROFESSIONAL (SIGNATURE)

DATE (mm/dd/yy)

Wet Stamp of Architect/Engineer

PS-FORM D

CONTRACTOR'S STATEMENT OR OWNER BUILDER DISCLOSURE STATEMENT

(For residential or farm buildings or structures for their own use)

Project Name:	County Use Only
Project Address:	APPLICATION NO.
Tax Map Key: (2)	DATE/COMMENT

- Complete **Section A** if construction will be done by a licensed building contractor.
- Complete **Section B** if an owner or lessee will use the owner building exemption pursuant to HRS, Section 444-2(7).

A I hereby certify that I am a bona fide contractor in the State of Hawaii and contractor for the subject building permit application.		
CONTRACTOR (PRINT NAME)	AUTHORIZED SIGNATURE	DATE (mm/dd/yy)
LICENSE NO.	EMAIL	PHONE NO.
B OWNER BUILDER DISCLOSURE STATEMENT HRS. SECTION 444-2(7) http://cca.hawaii.gov/pvl/hrs/		
<p>State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption provided in section 444-2.5, Hawaii Revised Statutes, allows you, as the owner or lessee of your property, to act as your own general contractor even though you do not have a license. You must supervise the construction yourself. You must also hire licensed subcontractors. The building must be for your own use and occupancy. It may not be built for sale or lease. If you sell or lease a building you have built yourself within one year after the construction is complete, the law will presume that you built it for sale or lease, which is a violation of the exemption, and you may be prosecuted for this. It is your responsibility to make sure that subcontractors hired by you have licenses required by state law and by county licensing ordinances. Electrical or plumbing work must be performed by contractors licensed under chapters 448E and 444, Hawaii Revised Statutes. Any person working on your building who is not licensed must be your employee which means that you must deduct F.I.C.A. and withholding taxes and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations. If you violate section 444-2.5 or fail to comply with the requirements set forth in this disclosure statement, you may be fined \$5,000 or forty per cent of the appraised value of the building as determined by the county tax appraiser, whichever is greater, for the first offense; and \$10,000 or fifty per cent of the appraised value of the building as determined by the county tax appraiser, whichever is greater, for any subsequent offense.</p>		
OWNER (PRINT NAME)	OWNER SIGNATURE	DATE (mm/dd/yy)

PS-FORM E**SPECIAL INSPECTIONS FORM**

2012 International Building Code, Section 1705

County Use Only

APPLICATION NO.

DATE/COMMENT

Submittal, Duties, and Responsibilities of the Design Professional and Special Inspector

- | | |
|----|---|
| 1. | A <u>separate Special Inspections Form</u> is required for each building permit application. |
| 2. | Observe work assigned for conformance with approved design drawings and specifications. |
| 3. | Furnish inspection reports to the owner, the architect or engineer of record. Discrepancies shall be brought to the immediate attention of the contractor for correction, then, if uncorrected to proper design authority and to the building official. |
| 4. | Prior to final inspection, the architect or engineer of record shall submit a written statement to the Building Inspection Section verifying receipt of the final inspection reports and documenting that there are no unresolved code requirements that create significant public safety deficiencies. |

Type of Work Requiring Special Inspections

Detailed clarification of the items listed above can be found in the amended International Building Code, Section 1705

Item No.		Item No.	
1.	Steel Construction	10.	Seismic Resistance
2.	Concrete Construction	11.	Testing & Qualification for Seismic Resistance
3.	Masonry Construction	12.	Sprayed Fire-Resistant Materials
4.	Wood Construction	13.	Mastic and Intumescent Fire-Resistant Coatings
5.	Soils	14.	Exterior Insulation and Finish Systems (EIFS)
6.	Driven Deep Foundations	15.	Fire-Resistant Penetrations and Joints
7.	Cast-In-Place Deep Foundations	16.	Smoke Control
8.	Helical Pile Foundations	17.	Special Cases Describe:
9.	Wind Requirements		

ARCHITECT OR ENGINEER OF RECORD TO COMPLETE BELOW

If the engineer or architect of record will be the special inspector only the item no. needs to be completed.

Item No.	Print Name of Special Inspector	License No.	Signature of Special Inspector	Phone No.

Check box if special inspections are not required

Project Name/Description of Work			
PRINT NAME OF ENGINEER OR ARCHITECT OF RECORD		LICENSE NO.	EMAIL ADDRESS
ENGINEER OR ARCHITECT OF RECORD SIGNATURE		DATE (mm/dd/yy)	PHONE NO.